## OFFICE OF THE BOARD OF HEALTH

FAX: 508-647-6466

**NO** 

13 EAST CENTRAL STREET NATICK, MA 01760

## **Application for Review of**

PHONE: 508-647-6460

## UNDERGROUND STORAGE TANK

## **INSTALLATION PLANS and SPECIFICATIONS**

DATE:			FEE:
	on site (		full and accompanied by plans containing an illustration of the proposed existing or pre-existing) with relation to other structures of significant
<ul> <li>Tank to be anchored on cond</li> <li>Position of monitoring wells</li> <li>Depth to high ground-water</li> <li>Distance to known surface w</li> <li>Plan must be dated and signs</li> </ul>	to be incleved & to be incleved & to be a to b	cluded in site the date of or ies within 2,0 preparer (no Health Dept. t installed tank	source of water level determination at the site 000 ft. technical 'qualifications' necessary) to witness the hole, before or after concrete pad
Name of Contractor or Applican	t:		
Contractor/Applicant Address:			
Contractor/Applicant Telephone	:		
Proposed location address:			
Tank Manufacturer			Number of proposed tanks:
Model Number or equivalent ide	ntifier _		
Proposed capacity and contents:			
Materials of tank(s) construction	:		·
Type of Leak Detection System:			
Signature of Applicant:			Date:
Print Name and Title:			Telephone No:
Refer to Town of Natick By-Lav http://www.natickma.gov/1154/2			Storage Tanks & Systems for other requirements - <u>I-Storage-Tanks-and-</u>
For office use: 2000' of potable water supply 4' high ground water level corrosion prevention leak detection monitor system	Y Y Y Y	N N N N	

REPLACEMENT OF EXISTING TANKS: YES - REMOVAL#\_\_\_\_\_